



7-27-06

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PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

60

Application Number

10/538,440

Filing Date

June 10, 2005

First Named Inventor

Yamada, Tomoyasu

Art Unit

2838

Examiner Name

Adolf D. Berhane


Attorney Docket Number

082416-001100US

**ENCLOSURES (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Copy of previously submitted Information Disclosure Statement                            |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Return Postcard  |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)           | Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

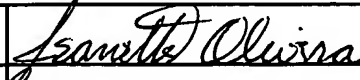
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Raymond B. Hom		
Date	July 25, 2006	Reg. No.	44,773

**CERTIFICATE OF TRANSMISSION/MAILING**

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I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date July 25, 2006 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Jeanette Olivera	Date	July 25, 2006



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Please stamp the date of receipt of the following document(s)

RE: T. Yamada, et al. Ashida & Kimura

TITLE OF DOCUMENT(S):

Transmittal Form, IDS, Form PTO/SB/08A, 5 references

Application No. 10/538,440

File No. 082416-001100US

Date Due \_\_\_\_\_

Date Mailed August 24, 2005

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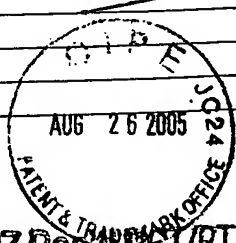
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